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MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022344

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 41Primary Registration District No. 3012Registrar's No. 61

FILED JUL 11 1962

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Excelsior SpringsLength of stay in 1b
1910c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Spa View Health HavenInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Clay

c. CITY OR TOWN Excelsior Springs

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 118 West Excelsior

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Faye Etta Steele

4. DATE OF DEATH May 29, 1962

5. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1/10/1884 78

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Home Maker10b. KIND OF BUSINESS OR INDUSTRY
XXXXXX11. BIRTHPLACE (City and state or country)
Cameron, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Oliver I Steele

13b. MOTHER'S MAIDEN NAME

Etta Mae Smyser

14. NAME OF HUSBAND OR WIFE

Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
No.17. INFORMANT Address
Marjorie Cross, Normal, Illinois

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

5 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 1957 to 29 May '62 and last saw her alive on 21 Apr '62
Death occurred at 11:55 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George E Sanders M.D.

22b. ADDRESS

Excelsior Springs, Mo.

22c. DATE SIGNED

5-31-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/31/1962

23c. NAME OF CEMETERY OR CREMATOR

Masonic

23d. LOCATION (City, town, or county)

Excelsior Springs, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Chas. Virgil Hope, Ex. Spgs. Mo.

25. DATE RECD. BY LOCAL REG.

6-21-62

26. REGISTRAR'S SIGNATURE

Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2961 2 1 JUL 1962

INCEPT, NOTES

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, Mo.

Note: The above, MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.